

MULTIPLE INDEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-970)

SERIAL NO. 107088110  
FILING DATE

APPLICANT(S)

CLAIMS

ADDITIONAL INDEPENDENT CLAIMS		ADDITIONAL DEPENDENT CLAIMS		ADDITIONAL INDEPENDENT CLAIMS	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1					
2					
3					
4					
5		1			
6		1			
7			1		
8					
9		1			
10		1			
11					
12	3		1		
13			1		
14			1		
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28					
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30					
31			1		
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48					
49					
50					
TOTAL IND.		2			
TOTAL DEP.		7			
TOTAL CLAIMS		9			

IND.	DEP.	IND.	DEP.	IND.	DEP.
51					
52					
53					
54					
55					
88					
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96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

Barbara Campbell  
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